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APPLICANTS

Troy Ronald Seehafer, Appleton, WI;  
 George Arthur Stahler, Wisconsin Dells, WI;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 3	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met ☐ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged *[Signature]*  
 Examiner's Signature Initials

ADDRESS  
 Benjamin Mielulis  
 Law Department  
 Appleton Papers Inc.  
 P.O. Box 359  
 Appleton, WI  
 54912-0359

TITLE  
 Uniform microcapsules

FILING FEE RECEIVED 938	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other
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